

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			08/23/00
<b>O.I.P.E. CLASSIFIER</b>		13	8/28/00
<b>FORMALITY REVIEW</b>	NL	553	9-28-00
<b>RESPONSE FORMALITY REVIEW</b>			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	8/28/00
2	12/31/00
3	10/01/00
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5	0
6	✓
7	✓
8	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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